





## INSTRUCTIONS FOR COMPLETING CSO MONTHLY INSPECTION SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
2. List all CSO outfalls associated with the facility, as listed in the NPDES permit, in the column labeled "CSO Outfall No.," using additional sheets as needed.
3. Specify the location of the CSO (e.g., street or other identification information) in the column labeled "Outfall Location."
4. In the column labeled "Discharge?" enter "Yes" or "No" for each outfall to report whether a discharge was identified at any time during the calendar month. **If you respond Yes for any outfall, a separate "Detailed Outfall Report" must be submitted for that outfall (3800-FM-BPNPSM0442).**
5. Add any additional outfall-specific information as needed in the "Comments" column.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

**CSO SUPPLEMENTAL REPORT  
DETAILED OUTFALL REPORT**

Facility Name: Reynoldsville STP  
Municipality: Reynoldsville Borough County: Jefferson  
Watershed: 17-C

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0028207 Outfall No. \_\_\_\_\_  
Renewal application due **180 days** prior to expiration  
This permit will expire on July 31, 2017

Day	Identification*	Discharge Volume (MG)*	Duration (hrs)	Cause*	Precipitation (in)	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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28						
29						
30						
31						

\*See instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



## **INSTRUCTIONS FOR COMPLETING CSO DETAILED OUTFALL SUPPLEMENTAL REPORT**

This report is used to provide details of any discharge identified on the CSO Monthly Inspection Report (3800-FM-BPNPSM0441).

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., CSO Outfall No., and Permit Expiration Date.
2. Explain how the discharge was identified (e.g., inspection, complaint, alarm) in the column labeled "Identification."
3. In the column labeled "Discharge Volume," specify the volume of the discharge in million gallons, and (in parentheses) identify the method used to determine the volume by selecting one of the following codes:  
  
O = Observed duration and rate of flow to approximate overflow volume.  
C = Calculated overflow volume utilizing a model or empirical analysis.  
M = Measured overflow volume from data collected by a calibrated flow monitor.  
U = Unable to determine.
4. In the column labeled "Duration (hrs)," specify the total discharge period. If you estimate the discharge period, explain how you arrived at the estimate in the Comments column.
5. In the column labeled "Cause," identify the cause of the overflow (e.g., line or gate blockage, malfunction, hydraulic load).
6. In the column labeled "Precipitation," report the total precipitation for the day, in inches (in), as measured using an on-site rain gauge, or use local airport data.
7. Add any additional outfall-specific information as needed in the "Comments" column.
8. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.